EXHIBIT C

Case 06-10725-gwz	Doc 8570-3 Er	tered 06/27/11 14:4	4:18 Page 2 of	[<u>11</u>
	PRO	OOF OF CLAIM		
Name of Debtor	Case No	umber		
USA Commer cial Mortgage Comp	e 06-10	0705-LBR		
NOTE See Reverse for List of Debtors and Case Num This form should not be used to make a claim for an ad ansing after the commencement of the case A "reques administrative expense may be filed pursuant to 11 U S	ministrative expense st" for payment of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address DONALD S TOMLIN AND DOROTHY F TRUSTEE OF THE DONALD S TOMLI 7145 BEVERLY GLEN AVE		statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROO	OF OF CLAIM FOR A A BORROWER THAT IS NOT
LAS VEGAS NV 89110-4228		Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE DEBTORS If you have already filed	a proof of claim with the you do not need to file again
Creditor Telephone Number () 702-453-	-6079	court.	THIS SPACE IS FO	R COURT USE ONLY
Last four digits of account or other number by which cre	editor identifies debtor	Check here replace of this claim amen	 a previously filed cla 	um dated
1 BASIS FOR CLAIM		benefits as defined in 11 U S	C § 1114(a) Ur	nremitted principal
Goods sold Personal injury/wrong Services performed Taxes	wages,	salanes, and compensation (if	fill out below) ☐ Ott	her claims against service not for loan balances)
Money loaned Other (describe brief		compensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED VANOUS CO	13 IF O	OURT JUDGMENT, DATE O	(date)	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate				ase filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$2,779 Check this box if a) there is no collateral or lien securing exceeds the value of the property securing it or if c) none entitled to priority	your claim or b) your claim or only part of your claim is	Check this box if yo	bur claim is secured by a collateral	Rolaim)
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part	t of which is	Real Estate	Motor Vehicle	Other
Amount entitled to priority \$		Value of Collateral Amount of arrearage ar secured claim, if any	\$ nd other charges <u>at time</u> \$	case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1))(A) or (a)(1)(B)	Up to \$2 225* of deposits tower		of property or
Wages salaries or commissions (up to \$10 000)* earne before filing of the bankruptcy petition or cessation of the	d within 180 days	services for personal family of Taxes or penalties owed to go	or household use -11 U S C	§ 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4)		Other - Specify applicable para		
Contributions to an employee benefit plan - 11 U S C §	507(a)(5)	* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 3,779, 6	<u> </u>	\$	\$	2,779,806
(unsecure	,	secured) amount of the claim Attach itel	(priority) mized statement of all intere	(Total) est or additional charges
6 CREDITS The amount of all payments on this clair				
7 SUPPORTING DOCUMENTS Attach copies of running accounts contracts court judgments, mortg DOCUMENTS If the documents are not available,	ages, security agreement	ts, and evidence of perfection	of lien DO NOT SEND	emized statements of ORIGINAL
8 DATE-STAMPED COPY To receive an acknow proof of claim	•	·	•	e and copy of this
The original of this completed proof of claim for ACCEPTED) so that it is actually received on or if for each person or entity (including individuals, in accompanied wints)	pefore 5 00 pm, prevailir	ng Pacific time, on Novembe	er 13, 2006	S SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO		OR OVERNIGHT DELIVERY TO		
BMC Group Attn USACM Claims Docketing Center P O Box 911		oup ACM Claims Docketing Centel at Franklin Avenue	FILED N	10V 10 2006
El Segundo CA 90245-0911	1≸l Segun	do, CA- 90 245		
	d title if any of the creditor of power of attorney if any).	Tother person authorized to Tile	ista III	USA CMC 1072501169

United States Bankruptcy Court	Diere	CT O	F_Nevada		
			MANAGOR	PROOF O	FCLAIM
	Name of Diction U.S.A. Commercial Mortsage Ole-10725-LBR				
USA Commercial Mortgage					
NOTI: This form should not be used to make a claim for an admit of the case. A "request for payment of an administrative expense if				11	
Name of Creditor (The person or other entity to whom the			ou are aware that anyon		
debior owes money or property) Gerry Topp, a Macried man dealing withhis			a proof of claim relating trach copy of statement	٥	
Married man dealing withhis Sole + separate property	giving		• •		
Name and address where notices should be sent			ou have never received		
Gerry Toppo	case	irom u	he bankruptcy court in t	113	
Gerry Topp 10745 W. River St Truckee, CA 96161			he address differs from the	e	
Telephone number	the cou		envelope sent to you by	THIS SPACE IS FOR C	COURT USI ONLY
Last four digits of account or other number by which creditor	Check		replaces	filed claim dated	
identifies debtor	if this c	نـــــــــــــــــــــــــــــــــــــ			
1 Resis for Claim	_	J	tiree benefits as defined iges salaries, and comp		
Goods sold Services performed	L	Las	st four digits of your SS	#	,
Money loaned		Un	paid compensation for	services performed	
Personal injury/wrongful death Taxes		fro	m	to	
Taxes See Exhibit 14			(datc)	(date)	
2. Date debt was incurred Oct. 2001	3 1	f court	t judgment, date obta	ned	
4 Classification of Claim Check the appropriate box or boxes	that best descri	e your	claim and state the amo	unt of the claim at the	time case filed
See reverse side for important explanations	1	Secure	d Claim		
Unsecured Nonpriority Claim s 260, 703,10			heck this box if your cla	m is secured by collater.	al (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) none or	a right	of setoff)		J
only part of your claim is entitled to priority			rief Description of Coll		
Unsecured Priority Claim			Real Estate Mo		¢r
Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral \$ Unknown Amount of arrearage and other charges at time case file					
Amount of arrearage and other char secured claim if any \$ 4,23					u included in
Specify the priority of the claim			225* of deposits toward		al of property
Domestic support obligations under 11 U S C § 507(a)(1)(A)			s for personal family o		
(a)(1)(B)	Пта		'') penalties owed to govern	mental units 11 USC	\$ 507(a)(8)
Wages salaries, or commissions (up to \$10,000),* earned with days before filing of the bankruptcy petition or cessation of the del business, whichever is earlier - 11 U S C § 507(a)(4)	nin 180 Ot		pecify applicable paragr		
			subject to adjustment of		
Contributions to an employee benefit plan - 11 USC § 5076	(a)(3)				ajusimeni.
5 Total Amount of Claim at Time Case Filed	•	10, 70	03,10 260,703,1 (secured)		703,10 Total)
Check this box if claim includes interest or other charges in ac interest or additional charges				ttach itemized statemen	it of all
 Credits The amount of all payments on this claim has been making this proof of claim 	en credited and	deduct	ed for the purpose of	THIS SPACE IS FOR COL	URT USE ONLY
7 Supporting Documents. Attach copies of supporting documents.	ments such as r	oromiss	ory notes purchase	ł	
orders invoices itemized statements of running accounts, cont	racts court jud	gments	, mortgages, security		
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the					
Date-Stamped Copy To receive an acknowledgment of the	FILED JAN	22 200			
addressed envelope and copy of this proof of claim					
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)					
1/17/07	orney is dily)				
11/1 Dung Ton	_			LIC	I SA CMC
Penalty for presenting fraudulent claim Sine St up to \$500.00				US	SA CMC



and the IRDERS AT RESIDENCE TO THE PROPERTY OF	PRO	OOF OF CLAIM	 Ea	9= 4 U
		JO: O: OLAIM		
Name of Daylor				
Name of Debtor	Case No	ımber		
USA Commercial Mortgage Company	06-10	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers		<u> </u>		
This form should not be used to make a claim for an administrative ex	pense	Check box if you are	ļ	
arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	of an	aware that anyone else has filed a proof of claim relating	IF YOU ARE ON	LY OWED MONEY BY A BORROWER
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	WHOSE LOAN	S BEING SERVICED BY THE DO NOT HAVE TO FILE A PROOF
1132124203937	75	Statement giving particulars	OF CLAIM THE	S INCLUDES MONEY FROM THAT
VENTURA ROY		Check box if you have never received any notices	BORROWER HE	ELD IN THE COLLECTION ACCOUNT
AMERICAN EMBASSY JAKARTA UNIT 8135 USAID		from the bankruptcy court or	DO NOT FILE T	HIS PROOF OF CLAIM FOR A
FPO AP 96520		BMC Group in this case	SECURED INTE	REST IN A BORROWER THAT IS NOT EBTORS
		Check box if this address differs from the address on the	If you have al	ready filed a proof of claim with the
Creation Talashara Number (10)		envelope sent to you by the court		t or BMC you do not need to file again
Creditor Telephone Number (62) 2/ 392 – 6/16 Last four digits of account or other number by which creditor identifies	debtor	Journ Laboratory	I HIS SPAC	CE IS FOR COURT USE ONLY
and the state of t	debioi	Check here replace or if this claim amen	 a previousi 	y filed claim dated
1 BASIS FOR CLAIM	Retiree l	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		salaries and compensation (f	-	Other claims against servicer
Services performed Taxes		digits of your SS#		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services per	formed from	to
2 DATE DEDT WAS INCUDDED.	. - :			(date) (date)
2 DATE DEBT WAS INCURRED Out 2004— March 2006 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	6 3 IF C	OURT JUDGMENT, DATE O		the time core filed
See reverse side for important explanations	it bost deser		unto the claim at	the time case med
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	nur daim ie eaci	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you	your claim	a right of setoff)	our claim is sect	ired by collateral (including
entitled to priority	our ciaiii is	Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate		e 🗍 Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$			· · · · · · · · · · · · · · · · · · ·	at time case filed included in
Specify the priority of the claim		secured claim, if any	155,82	8.26
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa	rd purchase leas	e or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	• _	services for personal family of	r household use	11 USC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	┝	Taxes or penalties owed to gov		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para * Amounts are subject to adjus		
		with respect to cases commen	ced on or after the	date of adjustment
	155,8.	28 26 \$		\$ 155,828,26
(unsecured)	•	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				•
6 CREDITS The amount of all payments on this claim has been cred	dited and d	educted for the purpose of m	akıng thıs proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , contracts court judgments, mortgages, security at the contracts court judgments.	<i>uments,</i> su agreement	ch as promissory notes purc	hase orders, inv	voices itemized statements of
DOCUMENTS If the documents are not available explain. If the d	documents	are voluminous, attach a sun	nmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim, enclose a stamped	self-addressed	d envelope and copy of this
The onginal of this completed proof of claim form must be sent	4 h	a band of the order of the Avista Avista		
ACCEPTED) so that it is actually received on or before 5 00 pm	ı, prevailin	a Pacific time, on Novembe	r 13 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, c governmental units)	orporatio	ns, joint ventures, trusts an	d	OGE ONE!
BY MAIL TO BMC Group	BY HAND	OR OVERNIGHT DELIVERY TO		
Attn USACM Claims Docketing Center	BMC Grou	лр СМ Claims Docketing Center		FILED OCT 19 2006
P O Box 911 El Segundo CA 90245-0911	1330 East	Franklın Avenue		LIFT OF TO 5000
DATE SIGN and print the name and title if any of the	e creditor or	other person authorized to file		
this claim (attach copy of power of attorn	ney If any)	~		USA CMC
16 Oct 2006 Koy L. Venture 1.	2	Mancy B Vente	ura	

William Ballet S BANGOUTTER COURT	PROOF OF CLAIM	44:18 1'age 5 01 11
Name of Debtor Cas	se Number	
Intaine of Bobio.		
(C377 C3777)	6-10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are	
ansing after the commencement of the case. A "request" for payment of an	aware that anyone else has	
administrative expense may be filed pursuant to 11 U S C § 503	to your claim Attach copy of	
Name of Creditor and Address	statement giving particulars	
ROY R VENTURA JR & NANCY B VENTURA	Check box if you have never received any notices	
AMERICAN EMBASSY- JAKARTA	from the bankruptcy court or	DO NOT FILE THIS PROOF OF CLAIM FOR A
UNIT 8135 - USAID FPO AP 96520	BMC Group in this case	SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
ARMED FORCES PACIFIC	Check box if this address differs from the address on the	If you have already filed a proof of claim with the
Creditor Telephone Number (62) 21 392-6116	envelope sent to you by the court	Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Creditor Telephone Number (62) 21 392-6116 Last four digits of account or other number by which creditor identifies debt	Or Chack here T replace	200
	Check here I replace or if this claim amen	a previously filed claim datedds
	turee benefits as defined in 11 U S	
	ages salanes and compensation (fill out below) Other claims against servicer (not for loan balances)
	st four digits of your SS # paid compensation for services per	· · · · · · · · · · · · · · · · · · ·
- With the state of the state o	paid compensation for services per	(date) (date)
	IF COURT JUDGMENT, DATE O	BTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that bes	t describe your claim and state the amou	unt of the claim at the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your	claim —	our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your cl entitled to priority		collateral
UNSECURED PRIORITY CLAIM	Real Estate	
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral	\$
Amount entitled to priority \$	Amount of arrearage ar	nd other charges at time case filed included in
Specify the priority of the claim	secured claim if any	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		ard purchase lease or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	` `	or household use -11 U S C § 507(a)(7) vernmental units 11 U S C § 507(a)(8)
business whichever is earlier 11 U.S.C. § 507(a)(4)		agraph of 11 USC § 507(a) ()
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjus	stment on 4/1/07 and every 3 years thereafter need on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ /55	5,828 26 \$	\$ 155,828 26
AT TIME CASE FILED (unsecured)	(secured)	(pnority) (Total)
Check this box if claim includes interest or other charges in addition to the pr	incipal amount of the claim Attach ite	mized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited		· ·
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments, mortgages security agree	nts, such as promissory notes pure	chase orders, invoices, itemized statements of
DOCUMENTS If the documents are not available, explain If the docu		
8 DATE-STAMPED COPY To receive an acknowledgment of the file proof of claim	ng of your claim enclose a stampe	d self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by		
ACCEPTED) so that it is actually received on or before 5 00 pm, pri for each person or entity (including individuals, partnerships, corp		
governmental units) By MAIL TO BY	HAND OR OVERNIGHT DELIVERY TO	,
BMC Group BM	C Group USACM Claims Docketing Cente	FILED OOT 4 a account
P O Box 911 133	30 East Franklin Avenue	1 1 2 2000
El Segundo CA 90245-0911 El SIGN and print the name and title if any of the cri	Segundo CA 90245 addror or other person authorized to file	· · · · · · · · · · · · · · · · · ·
this claim (attach copy of power of attorney	ıf any)	USA CMC
16 Oct 2006 Roy K. Venture, & &	Maney B Ven	tura

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM			
	Ì			
Name of Debtor	Case Nu	mber		
West USA Commercial mortgage compay	06-	-10725 - LBR		
and althiated debtors	andre	lated cases		
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>			
This form should not be used to make a claim for an administrative exp		Check box if you are aware that anyone else has		
arising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	or an	filed a proof of claim relating to		
Name of Creditor and Address		your claim Attach copy of statement giving particulars		
MELODY J VIOLET		Check box if you have		
20 20x 2201		never received any notices		
PO BON 2201 VISTA CA 92085		from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
VISTA -		Check box if this address	ONE OF THE DE	
		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number () 858 - 442 - 6684		court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replac		. Clad alam dula d
7586	:	if this claim amen	a previously ids rcserve	The right to AMEND
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries and compensation (i	fill out below)	Other claims against service
☐ Services performed ☐ Taxes ☐	-	digits of your SS #		(not for loan balances)
Money loaned Other (describe bnefly)	-	compensation for services per		FEB 06 to ongoing
2 DATE DEBT WAS INCURRED FOR OR ORDINA	1 dut	/ Leg ligence (burt judgment, date o	See Att Nehel	(date) FEB 06 (date)
2 DATE DEET WAS INCURRED FEB 06 0 060 1 1 9 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				the time case filed
See reverse side for important explanations		SECURED CLAIM	art of the dam at	ino ditto outo mod
UNSECURED NONPRIORITY CLAIM \$			our claim is secu	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ # 308	3.000
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$ CONTINGO	en t
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family o		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Г	Taxes or penalties owed to go		
business whichever is earlier 11 U S C § 507(a)(4)	E	Other - Specify applicable para		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjus	tment on 4/1/07 ai	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ COntingent \$	inilia.	with respect to cases commen i, dated \$ Cla	····	\$
AT TIME CASE FILED (unsecured)	ð.	ecured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the			mized statement of	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS. Attach copies of supporting docu				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts contracts court judgments mortgages security a	<i>ments,</i> su areement	ich as promissory notes purc s and evidence of perfection	hase orders inv	oices, itemized statements of T SEND ORIGINAL
DOCUMENT'S If the documents are not available explain. If the d	ocuments	are voluminous attach a sun	nmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				l envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, covernmental units)	prevailin	g Pacific time, on Novembe	r 13. 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group	BY HAND	OR OVERNIGHT DELIVERY TO		
Attn USACM Claims Docketing Center	BMC Grou Attn USA	лр СМ Claims Docketing Center	-	
P O Box 911	1330 East	Franklin Avenue		
DATE SIGN and print the name and title if any of the		to CA 90245 other person authorized to file		
this claim (attach copy of power of attorn		the second second second		
melody J VioleT				

FORM B10 (Official Form 10) (10/05)		
United States Bankruptcy Court	D ISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY and affiliated debtors NOTE This form should not be used to make a claim for an administrative of the case A "request for payment of an administrative expense may be filed pu	Case Number BK-S-06-10725 LBR and related cases e expense arising after the commencement arsuant to 11 USC § 503	RECEIVED AND FILE
Name of Creditor (The person or other entity to whom the debtor owes money or property) ANDREW WELCHER Name and address where notices should be sent NORDMAN CORMANY HAIR & COMPTON LLP By William E Winfield, Esq 1000 Town Center Drive, Sixth Floor Oxnard, CA 93030 Telephone number (805) 485-1000 Last four digits of account or other number by which creditor identifies debtor 1 Basis for Claim	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court	(fill out below)
2 Date debt was incurred January 2005 - January 2006	3 If court judgment, date obtain	ned
4 Classification of claim Check the appropriate box or boxes that best See reverse side for important explanations Unsecured Nonpriority Claim \$	Secured Claim X Check this box if your claim is see right of setoff) Brief Description of Collateral X Real Estate M Other Value of Collateral \$ Amount of arrearage and other charges at secured claim if any \$ Up to \$2 225* of deposits toward pure property or services for personal faming \$507(a)(7) Taxes or penalties owed to government Other Specify applicable paragraph *Amounts are subject to adjustment on 4/1/07 and respect to cases commenced on or after the	cured by collateral (including a fotor Vehicle time case filed included in chase lease, or rental of ally or household use 11 U S C atal units 11 U S C § 507(a)(8) of 11 U S C § 507(a) () d every 3 years thereafter with
	ecured) (secured)	(priority) (Total)
6 Credits The amount of all payments on this claim has been credited a this proof of claim 7 Supporting Documents Attach copies of supporting documents su orders invoices itemized statements of running accounts contracts court j agreements and evidence of perfection of lien DO NOT SEND ORIGINAL documents are not available explain. If the documents are voluminous atta B Date-Stamped Copy To receive an acknowledgment of the filing of self addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of the credit this claim lattach copy in power of actority if any	uch as promissory notes purchase pudgments mortgages security L DOCUMENTS If the ach a summary If your claim enclose a stamped	This Space is for Court Use Only

Case 06-10725-gwz Doc 8570-	-3 Er	tered 06/27/11 14	:44:18 P	age 8 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor:	Case Number:			
USA CORTA U tomas		10025/120		
U.S.M. Caplia Plantage Co.	06.	-10725(LBR)		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exp	ense	Check box if you are		
arising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.	of an	aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address:		your claim. Attach copy of statement giving particulars.		
11) so he Contracting Toc		and a second sec		
Woody Cory activity Price		Check box if you have never received any notices		
Woody Contractive, Inc 43210 McKenzie hane Summerville, OR 97874		from the bankruptcy court or BMC Group in this case.	SECURED INTE	iis proof of claim for a rest in a borrower that is not
Summerville OR 97874		Check box if this address	ONE OF THE DE	
		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number () 54 534-474		court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor:	Check here replac	ces a previously	/ filed claim dated:
7686		if this claim amen		
1. BASIS FOR CLAIM	Retiree t	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
☐ Services performed ☐ Taxes ☐ Money loaned ☐ Other (describe briefly)		digits of your 88#:		(int for loan balance)
Minimal logited Constitute prietry)	Unpaid o	ompensation for services per	normed from:	to
2. DATE DEBT WAS INCURRED: 2 - 23-04	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that				he time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b)	vour claim	, 4	our claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of yo entitled to priority.		a right of setoff).		
UNSECURED PRIORITY CLAIM		Brief description of		П
Check this box if you have an unsecured claim, all or part of which is		Real Estate		
entitled to priority.		Value of Collateral:	·	10,750
Amount entitled to priority \$		Amount of arrearage ar secured claim, if any:	nd other charges \$	at time case filed included in
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_	Up to \$2,225* of deposits town	······································	
Wages, salarles, or commissions (up to \$10,000)*, earned within 180 days	<u> </u>	services for personal, family, o	or household use -1	1 U.S.C. § 507(a)(7).
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	<u> </u>	Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable para * Amounts are subject to adjus		
E TOTAL AMOUNT OF CLAIM	730	with respect to cases commen	oed on or after the	date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ \$ \$	200	, 197) \$	(priority)	· 250,750
(unsecured) X Check this box if claim includes interest or other charges in addition to the	•	ecured) product of the cloim. Attack item	**	(Total) of all interact or additional charges
PC .				
6. CREDITS: The amount of all payments on this claim has been cred 7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting docu</u>		• •		
running accounts, contracts, court judgments, mortgages, security a	greement	s, and evidence of perfection	of lien. DO NO	T SEND ORIGINAL
DOCUMENTS. If the documents are not available, explain. If the d		· ·	•	l annual and a annual state
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	ming or y	our ciaim, enclose a suimped), sen-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent	-	•		THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, c				USE ONLY
governmental units). By MAIL TO:	BY HAND	OR OVERNIGHT DELIVERY TO	:	USA CMC
BY MAIL TO: BMC Group Atta: USACM Claims Docketing Center		OR OVERNIGHT DELIVERY TO JP CM Claims Docketing Center		
Attn: USACM Claims Docketing Center P. O. Box 911	1330 Eas	Franklin Avenue	,	1072500950
El Segundo, CA 90245-0911		lo, CA 90245		
DATE SIGN and print the name and title, if any, of the this claim (attach copy of power of attorn		other person authorized to file		
1/2/20/2 Wand Carlotta	b. or	1.169, 100	Sail T	

							_
	e const	PRO	OOF OF CL	MIA			
Name of Debtor Case No			ımber		1		
USA Comme	CRRIAL MORTGAGE Co	06	-10725-	LBR			
This form should not be use arising after the commencer	at of Debtors and Case Numbers and to make a claim for an administrative e ment of the case A "request" for paymer be filed pursuant to 11 U.S.C. § 503	expense nt of an	Check box if you aware that anyone e	dse has			
Name of Creditor and			your claim Attach c statement giving par	copy of	ł		
WORLD 1	WKS GROUP, LLC		Check box if you never received any r	u have			
7440 5 BI	MANTAS DERHAWK ST #12	308	from the bankruptcy BMC Group in this c	250			AIM FOR A OWER THAT IS NOT
	CO 80112-4355	_	differs from the addr envelope sent to you	ress on the		ready filed a proof of tor BMC you do no	of claim with the ot need to file again
Creditor Telephone Number	() 760-917-3691		court.		THIS SPAC	CE IS FOR COU	RT USE ONLY
	r other number by which creditor identifie	s debtor	Check here	replac	S Daniel al	u filad alaim data	
69-	76		if this claim	amen ar	ids	y filed claim date	o
1 BASIS FOR CLAIM		Retiree t	penefits as defined i	ın 11 U S	C § 1114(a)	Unremitted	d oringpal
Goods sold	Personal injury/wrongful death		salaries and compe				ms against servicei
Services performed	Taxes		digits of your SS#			(not for los	an balances)
Money toaned	Other (describe briefly) SEE A FACLEOL	Unpaid o	compensation for se	ervices pei	rformed from	to	
2 DATE DEBT WAS INCU	RRED	3 IF C	OURT JUDGMENT	DATE O	BTAINED	(date)	(date)
4 CLASSIFICATION OF C	AIM Check the appropriate box or boxes to	hat best descr	ibe your claim and sta	te the amou	unt of the claim at	the time case filed	
See reverse side for importai	ITY CLAIM \$ 198,000.00		SECURED C				
	is no collateral or lien securing your claim or	h)	Λ		our claım is secu	red by collateral	(including
exceeds the value of the p	property securing it, or if c) none or only part of	your claim is	a right of			•	
entitled to priority UNSECURED PRIORITY C	I AM	 -	_	cription of			
l —	an unsecured claim all or part of which is		Real B	Estate 🗌	☐ Motor Vehicle	e 🔲 Other	
entitled to priority			Value of 0	Collateral	\$ /10	KNOWA	
Amount entitled to priority Specify the priority of the c	\$		Amount of arr	earage an		at time case file	ad included in
Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)) <u> </u>	Up to \$2 225 of de				hrty or
Wages salanes or comm	issions (up to \$10 000)* earned within 180 day ptcy petition or cessation of the debtor's	ув	services for personi	al family o	r household use	11 USC § 507(∎)((7)
business whichever is ear	dier - 11 USC § 507(a)(4)	-	Taxes or penalties				
Contributions to an employ	yee benefit plan - 11 U S C § 507(a)(5)	ا	Other Specify app * Amounts are subj				
Z TOTAL AMOUNT OF O	A150		with respect to case	s commen	ced on or after the	date of adjustmen	t
5 TOTAL AMOUNT OF CL AT TIME CASE FILED	AIM \$ <u>198,000,00</u> \$ (unsecured)	198	1000.00 \$		(\$ 198	000.00
Check this box if claim inc	ludes interest or other charges in addition to	•	•	Attach iter	(pnority) Mized statement (of all interest or ad	(Total) ditional charges
	of all payments on this claim has been cr						
7 SUPPORTING DOCU	MENTS Attach copies of supporting do cts court judgments mortgages security	<i>cuments</i> , su v agreements	ich as promissory n	otes purc	hase orders inv	torone item-and a	statements of
8 DATE-STAMPED COI	cuments are not available explain. If the PY To receive an acknowledgment of the	the filing of y	are voluminous att our claim enclose a	tach a sun a stamped	nmary i self-addressed	d envelope and c	opy of this
	pleted proof of claim form must be se	nt by mail o	r hand dallamed	EAVEC N	OT	7,110 55.55	
ACCEPTED) so that it is	s actually received on or before 5 00 p by (including individuals, partnerships,	m. pravailin	a Pacific time on	Movembe	w 13 200£		E FOR COURT ONLY
BY MAIL TO BMC Group		BY HAND	OR OVERNIGHT DEL	JVERY TO			
Attn USACM Claims Do	cketing Center	BMC Grou Attn USA	up .CM Claims Docketi	ing Center	•		1 3 2007
P O Box 911 El Segundo CA 90245 0	911	1330 East	t Franklin Avenue do CA 90245	J _ J	F	ILED JAN	1 3 2007
DATE	SIGN and print the name and title if any of	the creditor or		red to file		ļ ·	
1-12-07	this claim (attach copy of power of atta	omey (fany)	NT NELSO		TEREN	#E R141	USA CMC

Case 06-10725-gwz Doc 8570-3	3 E	ntered 06/27/11 14:44:18	Page 10 of 11
FORM B10 (Official Form 10) (10/05) UNITED STATES BANKRUPTCY COURT DISTRICT OF NEV	/ADA (Las Vegas)	PROOF OF CLAIM
lame of Debtor Case Number			
USA Commercial Mortgage Company	0	6-10725LBR	
NOTE This form should not be used to make a claim for an administ of the case. A "request for payment of an administrative expense materials and administrative expense materials."			
Name of Creditor (The person or other entity to whom the debtor owes money or property) X-Factor Inc	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars		
	<u> </u>	1	
Name and address where notices should be sent	no	neck box if you have never received any tices from the bankruptcy court in this	
c/o Scott D Fleming Esq Hale Lane Peek Dennison and Howard	cas	1	
3930 Howard Hughes Parkway 4th Floor		neck box if the address differs from the	
Las Vegas Nevada 89169		dress on the envelope sent to you by	
Telephone number 702 222 2500		<u>_</u>	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check		1 61 1 1 1 1
identifies debtor Account ID 176	ii this	claim a prev	nously filed claim, dated
1 Basis for Claim	L	C) arriends	
Goods sold	□R	etiree benefits as defined in 11 USC § 11	14(a)
Services performed	□ W	lages salaries and compensations (fill out	below)
		ast four digits of SS #nast four digits of SS #	.1
Taxes		omtoto	ed
		(date) (date)	
2 Date debt was incurred See Attachment A	3 If	court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes tha	t best de	·	the claim at the time case filed
See reverse side for important explanations		Secured Claim	
Unsecured Nonpriority Claim \$ Unknown (see Attachment A)		Check this box if your claim is secu	red by collateral (including
a) Check this box if a) there is no collateral or lien securing your claib) Your claim exceeds the value of the property securing it, or if c) no only part of your claim is entitled to priority		a right of setoff) Brief Description of Collateral	•
Unsecured Priority Claim		Real Estate 🔲 Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of wh	ich is	Value of Collateral \$	 _
entitled to priority		Amount of arrearage and other charges	
Amount entitled to priority		secured claim if any \$	
Specify the priority of the claim		Up to \$2 225* of deposits toward pu	urchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	r	or services for personal family or t § 507(a)(7)	
	100	☐ Taxes or penalties owed to governm	nental units 11 U S C § 507(a)(8)
Wages salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier — 11 U S C § 507(a)(4) *Amounts are subject to adjustment of with respect to cases commenced on the commence of the debtors with respect to cases commenced on the debtor is a subject to case of the debtor is a subject to adjustment of the debtor is a subject to case of the debtor is a subject to adjustment of the debtor is a subject to adjust the debtor is a subject to adjustment of the debtor is a subject to adjust the debtor is a subject to adjustment of the debtor is a subject to adjust the debtor is a subject to adj			
Contributions to an employee benefit plan — 11 U S C § 507(a)(5)		
5 Total Amount of Claim at Time Case Filed		\$ <u>Unknown</u> (unsecured) (secured)	\$ Unknown (priority) (Total)
Check this box if claim includes interest or other charges in additional charges	on to the	, , ,	
6 Credits The amount of all payments on this claim has been cred	lited and	deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim 7 Supporting Documents Attach copies of supporting documents	n anal -	g promissory notes and have	
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contract			FILED
agreements and evidence of perfection of hen DO NOT SEND			
documents are not available explain. If the documents are volun 8 Date Stamped Copy To receive an acknowledgement of the fit	NOV 10 2006		
addressed envelope and copy of this proof of claim	g UI y	on vient enviose a statisped 3011	
Date Sign and print the name and title if any o file this claim (attach copy of power of att			USA CMC

USA CMC 1072501283

UNITED STATES BANKAUPTOV COURT 85/0- DISTRICT OF NEVADA	³ PR	of of claim		AIM IS SCHEDULED AS:
Name of Debtor:	Case Number:		Schedule/Claim I	
USA Commercial Mortgage Company	06-10	725-LBR	Amount/Classifica	ation
			\$35,750.73 Unse	cured
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative ex arising after the commencement of the case. A "request" for payment		Check box if you are aware that anyone else has filed a proof of claim relating		
Administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address:	003568	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	scheduled by the D you agree with the other claim agains this proof of claim If the amounts sh Unliquidated or D filed. If you have alro Bankruptcy Court	cted above constitute your claim as Debtor or pursuant to a filed claim. If amounts set forth herein, and have no to the Debtor, you do not need to file EXCEPT as stated below. Hown above are listed as Contingent, Disputed, a proof of claim must be eady filed a proof of claim with the or BMC, you do not need to file again. CE IS FOR COURT USE ONLY
Creditor Telephone Number () 70ス・86年 5000 Last four digits of account or other number by which creditor identifies	dobtor		THIS SPAC	E IS FOR COURT USE ONLY
	uevior.	Check here repla of this claim amer	 a previously 	/ filed claim dated:
1. BASIS FOR CLAIM	Retiree	benefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation	(fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes		r digits of your SS #:		(Hot for loan balances)
☐ Money loaned ☐ Other (describe briefly)	Unpaid o	compensation for services pe	erformed from:	to
2. DATE DEBT WAS INCURRED: 2004 - 2006	3. IF C	OURT JUDGMENT, DATE O	DBTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that				e time case filed.
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if: a) there is no collateral or lien securing your claim, or b) y exceeds the value of the property securing it, or if c) none or only part of you entitled to priority.		a right of setoff).		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of	_	
Check this box if you have an unsecured claim, all or part of which is		Real Estate		e U Other
entitled to priority.		Value of Collateral	· · ·	
Amount entitled to priority \$		Amount of arrearage a secured claim, if any:		at time case filed included in
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_	<u> </u>		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	_	Up to \$2,225* of deposits towas services for personal, family, o		
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go	vernmental units - 1	11 U.S.C. § 507(a)(8).
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable para		* '''
		* Amounts are subject to adjust with respect to cases commen		
5. TOTAL AMOUNT OF CLAIM \$ \$	3145	98.00 \$		\$
AT TIME CASE FILED: (unsecured)	(:	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim. Attach ite	mized statement of	of all interest or additional charges.
 CREDITS: The amount of all payments on this claim has been cre SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the documents are not available, explain. If the documents are not available, explain. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim. 	<u>uments,</u> su agreemen documents	uch as promissory notes, pur its, and evidence of perfectio s are voluminous, attach a su	chase orders, inv n of lien. DO NO Immary.	voices, itemized statements of OT SEND ORIGINAL
The original of this completed proof of claim form must be ser				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, governmental units).	n, prevaili	ng Pacific time, on Noveml	per 13, 2006	USE ONLY USA CMC
BY MAIL TO: BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	:	
Attn: USACM Claims Docketing Center	Attn: USA	ACM Claims Docketing Cente	er	1072500961
P. O. Box 911 El Segundo, CA 90245-0911		t Franklin Avenue do, CA 90245		
DATE SIGN and print the name and title, if any, of the	e creditor or			FILED NOV 0 1 2006
this claim (attach copy of power of attorn 10.30.06 Mazel yerush welve.				LILLO MON OT FOOL
10.30.06 Mazal yerushalm				